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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Quay et al.

Confirmation No.:

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Art Unit:

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AOUEOUS

FORMULATIONS FOR INTRANASAL DELIVERY

TRANSMITTAL OF REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants submit herewith an executed Revocation and Power of Attorney in connection with the above-identified patent.

Applicants do not believe that any fee is due in connection with this Transmittal. In the event that any fees is required, please charge any required fees to Jones Day Deposit Account No. 50-3013.

Respectfully submitted,

Date: March 25, 2008

Anthony M. Lusoya, Res. No. 35,203 By: Www. D. Bruner, Res. No. 47,458

By: Michael J. Bruner

(Reg. No. 47,458)

For: Anthony M. Insogna (Reg. No. 35,203)

JONES DAY

222 East 41st Street

New York, New York 10017

(858) 314-1130

Enclosures